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EPA		POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT		REGION VI	SITE NUMBER (to be assigned by HQ) LA 03212
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through IV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.					
<b>I. SITE IDENTIFICATION</b> <i>LA 03212</i>					
A. SITE NAME International Paper Company (Tangipahoa Parish Police Jury Landfill #3)		B. STREET (or other identifier) 1 mile off LA 442 Section 29			
C. CITY Tickfaw	D. STATE LA	E. ZIP CODE 70466	F. COUNTY NAME Tangipahoa		
<b>G. SITE OPERATOR INFORMATION</b>					
1. NAME Mr. Harry Lavine Tangipahoa Parish Police Jury			2. TELEPHONE NUMBER (504) 386-4370		
3. STREET P.O. Box 215		4. CITY Amite		5. STATE LA	
<b>H. REALTY OWNER INFORMATION (if different from operator of site)</b>					
1. NAME see attachment			2. TELEPHONE NUMBER		
3. CITY		4. STATE		5. ZIP CODE	
<b>I. SITE DESCRIPTION</b> see attachment					
<b>J. TYPE OF OWNERSHIP</b> <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE					
<b>II. TENTATIVE DISPOSITION (complete this section last)</b>					
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)		B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE			
<b>C. PREPARER INFORMATION</b>					
1. NAME Bharat Patel		3. TELEPHONE NUMBER (201) 560-1650		4. DATE (mo., day, & yr.) 9/28/84	
<b>III. INSPECTION INFORMATION</b>					
A. PRINCIPAL INSPECTOR INFORMATION			B. TITLE		
1. NAME Bharat Patel			Staff Hydrogeologist		
3. ORGANIZATION The Earth Technology Corporation			4. TELEPHONE NO. (area code & no.) (201) 560-1650		
<b>B. INSPECTION PARTICIPANTS</b>					
1. NAME		2. ORGANIZATION		3. TELEPHONE NO.	
None					
<b>C. SITE REPRESENTATIVES INTERVIEWED (company officials, workers, residents)</b>					
1. NAME		2. TITLE & TELEPHONE NO.		3. ADDRESS	
Mr. Chuck Bergin		Unit Supervisor (504) 748-8101		P.O. Box 157, Amite, LA 70422	
				SUPERFUND FILE	
				DEC 27 1991	
				REORGANIZED	

Reviewed by GAW/SC  
date 12/2/84  
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date 12/2/84

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III. INSPECTION INFORMATION (continued)			
D. GENERATOR INFORMATION (source of waste)			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Tangipahoa Parish Police Jury	(504) 386-4370	P.O. Box 215, Amite, LA 70422	Household refuse and trash, con- struction debris, etc.
E. TRANSPORTER/HULER INFORMATION			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
same as D			
F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	
None			
G. DATE OF INSPECTION (mo., day, & yr.) 9/18/84			
H. TIME OF INSPECTION 9:00AM-11:30AM		I. ACCESS GAINED BY: (credentials must be shown in all cases)	
		<input checked="" type="checkbox"/> 1. PERMISSION <input type="checkbox"/> 2. WARRANT	
J. WEATHER (describe) Sunny, Mid-80's			
IV. SAMPLING INFORMATION			
A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.			
1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)		No samples were collected since the site was used for the disposal of household trash and garbage only.	
B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)			
1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS	
None			

Continued From Page 2

IV. SAMPLING INFORMATION (continued)			
C. PHOTOS		2. PHOTOS IN CUSTODY OF:	
1. TYPE OF PHOTOS <input type="checkbox"/> A. GROUND <input type="checkbox"/> B. AERIAL		see attached	
D. SITE MAPPED?			
<input checked="" type="checkbox"/> YES. SPECIFY LOCATION OF MAPS: see attached			
E. COORDINATES			
1. LATITUDE (deg.-min.-sec.)		2. LONGITUDE (deg.-min.-sec.)	
30° 35' 15" N		90° 32' 00" W	
V. SITE INFORMATION			
A. SITE STATUS			
<input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)		<input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)	
<input type="checkbox"/> 3. OTHER (specify):			
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)			
B. IS GENERATOR ON SITE?			
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres)		D. ARE THERE BUILDINGS ON THE SITE?	
approx. 15 acres		<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	
VI. CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
X	X	X	X
A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	
E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.			
<input type="checkbox"/> 1. STORAGE <input type="checkbox"/> 2. INCINERATION <input checked="" type="checkbox"/> 3. LANDFILL <input type="checkbox"/> 4. SURFACE IMPOUNDMENT <input type="checkbox"/> 5. DEEP WELL			
<input type="checkbox"/> 6. CHEM./BIO/PHYS TREATMENT <input type="checkbox"/> 7. LANDFARM <input type="checkbox"/> 8. OPEN DUMP <input type="checkbox"/> 9. TRANSPORTER <input type="checkbox"/> 10. RECYCLOR/RECLAIMER			
VII. WASTE RELATED INFORMATION			
A. WASTE TYPE			
<input type="checkbox"/> 1. LIQUID <input checked="" type="checkbox"/> 2. SOLID <input type="checkbox"/> 3. SLUDGE <input type="checkbox"/> 4. GAS			
B. WASTE CHARACTERISTICS			
<input type="checkbox"/> 1. CORROSIVE <input type="checkbox"/> 2. IGNITABLE <input type="checkbox"/> 3. RADIOACTIVE <input type="checkbox"/> 4. HIGHLY VOLATILE			
<input type="checkbox"/> 5. TOXIC <input type="checkbox"/> 6. REACTIVE <input checked="" type="checkbox"/> 7. INERT <input type="checkbox"/> 8. FLAMMABLE			
<input checked="" type="checkbox"/> 9. OTHER (specify): Non-hazardous household garbage, construction debris, etc.			
C. WASTE CATEGORIES			
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.			
No records. Estimates provided by site representative.			

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WASTE RELATED INFORMATION (Continued)											
3. Estimate the amount (specify unit of measure) of waste by category, mark 'X' to indicate which wastes are present.											
a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
None		None		None		None		None		50	
										tons/day	
1. PAINT, PIGMENTS		1. OIL WASTES		1. HALOGENATED SOLVENTS		1. ACIDS		1. FLYASH		1. LABORATORY, PHARMACEUT.	
2. METALS SLUDGES		2. OTHER (specify):		2. NON-HALOGENATED SOLVENTS		2. PICKLING LIQUORS		2. ASBESTOS		2. HOSPITAL	
3. PCBs				3. CAUSTICS		3. MILLING/MINE TAILINGS		3. RADIOACTIVE			
4. ALUMINUM SLUDGE				4. PESTICIDES		4. FERROUS SMELTING WASTES		4. MUNICIPAL			
5. OTHER (specify):				5. DYES/INKS		5. NON-FERROUS SMELTING WASTES		5. OTHER (specify):			
				6. CYANIDE		NOTE: Household refuse along with construction debris and trash.					
		7. PHENOLS									
		8. HALOGENS									
		9. PCB									
				10. METALS							
				(11) OTHER (specify):							

4. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)										
1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	SOLID	LIQ.	S.V.A. FOR	1. HIGH	2. MED.	3. LOW	4. NONE			
None										

VII. HAZARD DESCRIPTION	
FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.	
<input type="checkbox"/> A. HUMAN HEALTH HAZARDS	

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VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

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VIII. HAZARD DESCRIPTION (continues)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE



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VIII. HAZARD DESCRIPTION (continued)

☐ H. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ Y. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	25	25	8	1 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	0	0	0	1 mile
3. IN PUBLICLY TRAVELLED AREAS	100	100	0	1 mile
4. PUBLIC USE AREAS (parks, schools, etc.)	0	0	landfill.	0 1 mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) 12 to 15 feet	B. DIRECTION OF FLOW South	C. GROUNDWATER USE IN VICINITY No use of shallow water
D. POTENTIAL YIELD OF AQUIFER 20-50 gpm	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit) 0.5 mile	F. DIRECTION TO DRINKING WATER SUPPLY Northwest
G. TYPE OF DRINKING WATER SUPPLY		
<input checked="" type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify name): _____ <input type="checkbox"/> 3. SURFACE WATER <input checked="" type="checkbox"/> 4. WELL		





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#### XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
SWMP	DEQ	CTD-2-0268	2/18/81	2/9/83	X		

#### XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

A Compliance Order (#C-0141) for closure was issued by SWMP, DEQ on 5/28/81 following a comprehensive inspection of the facility on 4/1/81. A number of violations were identified during the inspection and it was decided by DEQ that the facility could not feasibly be upgraded to conform to SWMP rules and regulations. The compliance order was extended on 10/11/82 until the date of closure, 10/28/82.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

INSTRUCTION - This sheet is provided to give additional information in explanation  
of a question on the Form T2070-2.

Corresponding  
Number on Form

Additional Remark and/or Explanation

I., H.

Land Owner

International Paper Company  
Land and Timber/South Central Region  
P.O. Box 311  
Natchez, MS 39120  
Telephone: (601) 446-6611

Landfill Owner

Tangipahoa Parish Police Jury  
P.O. Box 215  
Amite, LA 70422  
Telephone: (504) 386-4370

I., I.

Tangipahoa Parish Police Jury operated a Solid Waste Sanitary Landfill  
(#3) from January 1974 to February 1983. The land was leased from  
International Paper Company on January 25, 1974, for trash disposal.

The residential refuse and trash were disposed using the trench method.  
Trenches, approximately 200 yards long and 12 to 15 feet in depth, were  
used for the disposal of these wastes. A 2-foot thick clay cap was  
applied during the closure of the landfill. The site was graded to provide  
a slope for drainage. However, most of the capped landfill area does  
not support vegetation.

Some construction debris (trees, etc.) may have been disposed in the  
landfill. Apparently, no industrial or hazardous wastes were disposed  
on-site.

V A(2),  
B & C

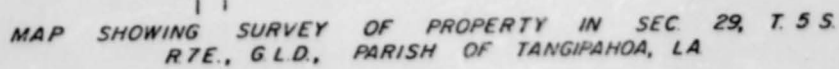
EPA files and the ERRIS list report that the facility is located in  
Ouachita Parish, in particular, the Town of Sterlington. The site is  
actually located in the Town of Tickfaw, Tangipahoa Parish.

The entire site is inactive, and NOT active as noted in EPA files  
and in the Preliminary Assessment.

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LANL LL SITE INSPECTION REPORT (Supplemental Report)		LA 03212	INSTRUCTION Answer and Explain as Necessary.
1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUID, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO No records were kept.			
4. WASTES SURROUNDED BY SORBENT MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
6. EVIDENCE OF PONDING OF WATER ON SITE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO No leachate collection system			
9a. SURFACE LEACHATE SPRING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
9. RECORDS OF LEACHATE ANALYSIS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A			
10. GAS MONITORING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. GROUNDWATER MONITORING WELLS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. ARTIFICIAL MEMBRANE LINER INSTALLED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Natural silty clay bottoms and sides			
14. FIXATION (Stabilization) OF WASTE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
16. COVER/Type: Clay			
16a. THICKNESS Six inches after completion of each cell. Twenty-four inches during final closure.			
16b. PERMEABILITY  $10^{-5}$ to $10^{-7}$ cm/sec			
16c. DAILY APPLICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

LA 03212



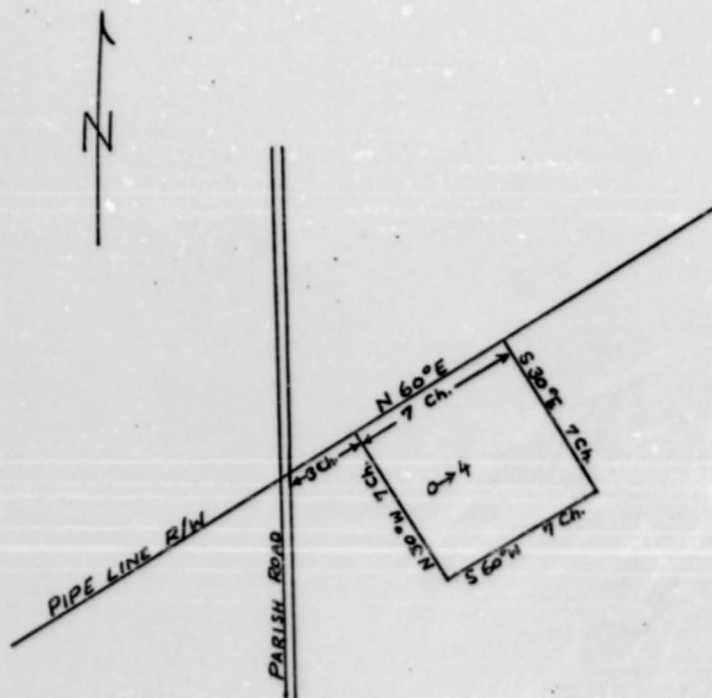
*FOR*

William A. Tyler  
W A TYLER, PEELS  
TYLER, SARRILLEAUX and ASSOC

Scale 1" = 200'

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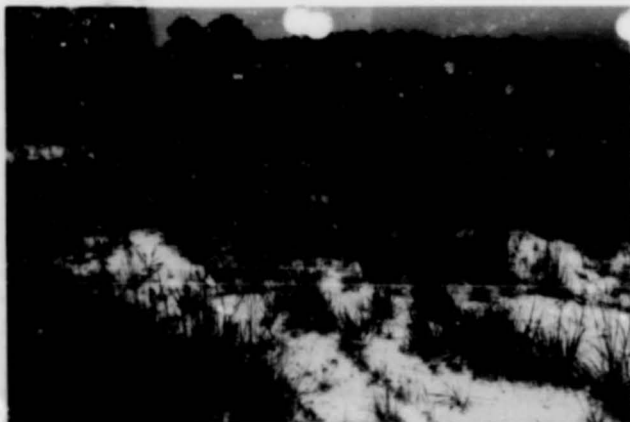
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♂ Photograph

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International Paper Corporation  
Landfill # 3,  
LA 05212

Photographer / Witness

Bhanshi Patel

Date / Time / Direction

9-15-84 / 10:45 AM / East

Comments: View of the closed  
landfill



Photographer / Witness

Bhanshi Patel

Date / Time / Direction

9-15-84 / 10:46 AM / South

Comments: Note lack of vegetation  
in pools of the landfill,  
probably because of  
lack of topsoil

Photographer / Witness

Date / Time / Direction

Comments:

LA 03412



Photographer / Witness

Bharat Patel

Date / Time / Direction

9-18-'84 / 10:48 AM / West

Comments: View of the closed  
landfill, note pools  
of the landfill covered  
with sandy material



Photographer / Witness

Bharat Patel

Date / Time / Direction

9-18-'84 / 10:55 AM / Northeast

Comments: View of the closed  
landfill area. This part  
was used in '82-'83.

Photographer / Witness

Date / Time / Direction

Comments:

ATTACHMENT B  
REJECTION FORM

HAZSIT #	SITE NAME	FORM # and DATE COMPLETED by STATE
LA 03212	InH. Paper Co. - Tangipahoa	2070-2 7/2/84
	LAD 980 622 021	

EXPLANATION FOR REJECTION:  
(DEFICIENCIES)

- Sect I (L) - State Contact Wm. DeVille (LOEG) is not unknown
- Sect III (c) - If the Section, Township, Range is known - the latitude and longitude can be found on USGS maps.
- Sect III (e) - Contact the Plant Mgr for information on drive by site location
- Sect V (c)(2) - Blanks for waste amt should indicate amt, unknown or none.
- Sect VIII (A) - site is an active RCRA generator: Need to check the state files for state permits + inspection activities

SUGGESTED REMEDY FOR  
DEFICIENCIES: As noted above

SIGNATURE: Joseph W. Quinn  
NAME OF REVIEWER

DATE: 25 JUL 84

SUPERFUND  
FILE

DEC 27 1991

REORGANIZED